

AO 240 (Rev. 10/03)
DELAWARE (Rev. 4/05)UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARESamuel Bishop

Plaintiff

Deierra Williams v. Michael Newman
Deputy Pictce

Defendant(s)

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

CASE NUMBER: 8 1 2

I, Samuel Bishop

declare that I am the (check appropriate box)

• • Petitioner/Plaintiff/Movant • • Other

IP scanned

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes • • No (If "No" go to Question 2)

If "YES" state the place of your incarceration Delaware Correctional CenterInmate Identification Number (Required): 068049Are you employed at the institution? NO Do you receive any payment from the institution? _____Attach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions

2. Are you currently employed? • • Yes ☒ No

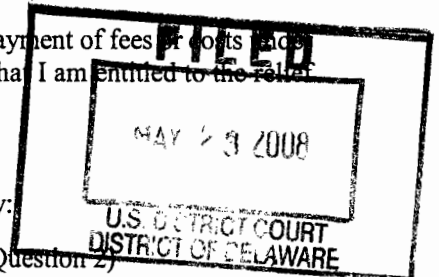
a. If the answer is "YES" state the amount of your take-home salary or wages and pay period a and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	• • Yes	<input checked="" type="checkbox"/> No
b. Rent payments, interest or dividends	• • Yes	<input checked="" type="checkbox"/> No
c. Pensions, annuities or life insurance payments	• • Yes	<input checked="" type="checkbox"/> No
d. Disability or workers compensation payments	• • Yes	<input checked="" type="checkbox"/> No
e. Gifts or inheritances	• • Yes	<input checked="" type="checkbox"/> No
f. Any other sources	• • Yes	<input checked="" type="checkbox"/> No

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.



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4. Do you have any cash or checking or savings accounts?

• • Yes ☒ No

If "Yes" state the total amount \$ 0

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

• • Yes ☒ No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, *OR* state *NONE* if applicable.

I declare under penalty of perjury that the above information is true and correct.

5, 22 08
DATE

Samuel Bishop
SIGNATURE OF APPLICANT
IMAN R. Malik

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

DELAWARE CORRECTIONAL CENTER
SUPPORT SERVICES OFFICE
MEMORANDUM

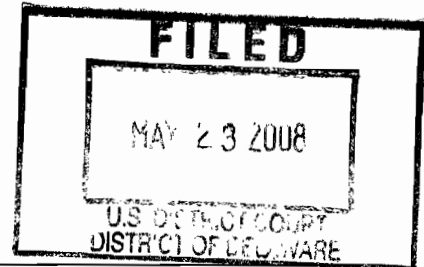
3 1 2

TO: Iman Malik SBI#: 068049

FROM: Stacy Shane, Support Services Secretary

RE: 6 Months Account Statement

DATE: May 5, 2008



Attached are copies of your inmate account statement for the months of November 1, 2007 to April 30, 2008.

The following indicates the average daily balances.

<u>MONTH</u>	<u>AVERAGE DAILY BALANCE</u>
<u>Nov</u>	<u>0</u>
<u>Dec</u>	<u>0</u>
<u>Jan</u>	<u>0</u>
<u>Feb</u>	<u>26.94</u>
<u>March</u>	<u>34.18</u>
<u>April</u>	<u>24.14</u>

Average daily balances/6 months: 14.21

Attachments

CC: File

Stacy Shane
5/5/08

Jeannette L. Havel
5/5/08

Individual Statement

From November 2007 to December 2007

Date Printed: 5/5/2008

Page 1 of 1

SBI 00068049	Last Name Malik	First Name Iman	MI Suffix	Beginning Month Balance: Ending Month Balance:	\$0.00 \$0.00
Current Location: 19		Comments:			

Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO# / Ck#	Pay To	Source Name
Supplies-MailPosta	11/9/2007	\$0.00	\$0.00	(\$3.02)	\$0.00	512069		INDIGENT 10/30/07	
Supplies-MailPosta	12/11/2007	\$0.00	\$0.00	(\$3.02)	\$0.00	526440		INDIGENT 12/5/07	

	Ending Month Balance: \$0.00
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Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Legal Hold: \$0.00

Total Amount Currently on Restitution Hold: \$0.00

Total Amount Currently on Other Hold: \$0.00

Individual Statement From January 2008 to April 2008

Date Printed: 5/5/2008

Page 1 of 2

SBI	Last Name	First Name	MI	Suffix	Beginning Month Balance:	
00068049	Malik	Iman			\$0.00	\$0.00
Current Location: 19					Ending Month Balance:	
					\$8.66	
Comments:						
</						

Individual Statement From January 2008 to April 2008

Date Printed: 5/5/2008

Page 2 of 2

SBI 00068049	Last Name Malik	First Name Iman	MI	Suffix	Beginning Month Balance: \$0.00	Ending Month Balance: \$8.66
Current Location: 19				Comments:		

Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO# / Ck#	Pay To	Source Name
Ending Month Balance: \$8.66									

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Legal Hold: \$0.00

Total Amount Currently on Restitution Hold: \$0.00

Total Amount Currently on Other Hold: \$0.00